B 1 (Official F@ 10/30/09 13:39:09 Desc Main United States Bankruptum Centre Page 1 of 46 **Voluntary Petition** Northern District of Illinois Western Division Name of Debtor (if individual, enter Last, First, Middle): Name of Joint Debtor (Spouse) (Last, First, Middle): Knight, Charlene, M. Knight, Thomas, M. All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): Last four digits of Soc. Sec. or Indvidual-Taxpayer I.D. (ITIN) No./Complete EIN(if Last four digits of Soc. Sec. or Indvidual-Taxpayer I.D. (ITIN) No./Complete EIN(if more more than one, state all): 1250 than one, state all): Street Address of Joint Debtor (No. & Street, City, and State): Street Address of Debtor (No. & Street, City, and State): 125 Rainbow Drive 125 Rainbow Drive Capron, IL Capron, IL ZIP CODE ZIP CODE 61012 61012 County of Residence or of the Principal Place of Business County of Residence or of the Principal Place of Business: Boone Boone Mailing Address of Debtor (if different from street address): Mailing Address of Joint Debtor (if different from street address): ZIP CODE ZIP CODE Location of Principal Assets of Business Debtor (if different from street address above): ZIP CODE Type of Debtor Nature of Business Chapter of Bankruptcy Code Under Which (Form of Organization) (Check one box) the Petition is Filed (Check one box) (Check one box.) ■ Health Care Business ☐ Chapter 15 Petition for **√** Chapter 7 ☐ Single Asset Real Estate as defined in 11 Individual (includes Joint Debtors) Recognition of a Foreign Chapter 9 U.S.C. § 101(51B) See Exhibit D on page 2 of this form. Main Proceeding Chapter 11 Railroad Corporation (includes LLC and LLP) ☐ Chapter 15 Petition for Stockbroker Partnership Chapter 12 Recognition of a Foreign ☐ Commodity Broker Other (If debtor is not one of the above entities. Nonmain Proceeding Chapter 13 Clearing Bank check this box and state type of entity below.) **Nature of Debts** Other (Check one box) Tax-Exempt Entity Debts are primarily consumer Debts are primarily (Check box, if applicable) debts, defined in 11 U.S.C. business debts. § 101(8) as "incurred by an Debtor is a tax-exempt organization individual primarily for a under Title 26 of the United States personal, family, or house-Code (the Internal Revenue Code.) hold purpose. Chapter 11 Debtors Filing Fee (Check one box) Check one box: ✓ Full Filing Fee attached ☐ Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is Check if: unable to pay fee except in installments. Rule 1006(b) See Official Form 3A. Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. ☐ Filing Fee waiver requested (applicable to chapter 7 individuals only). Must Check all applicable boxes attach signed application for the court's consideration. See Official Form 3B. A plan is being filed with this petition Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). THIS SPACE IS FOR Statistical/Administrative Information COURT USE ONLY ☐ Debtor estimates that funds will be available for distribution to unsecured creditors. Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. Estimated Number of Creditors 100-200-50-1,000-5,001-10,001-25,001-50,001-Over 99 199 10 000 100 000 100 000 5 000 25,000 50,000 Estimated Assets \$0 to \$50,001 to \$50,000,001 \$100,000,001 \$100,001 to \$500,001 to \$1,000,001 \$10,000,001 \$500,000,001 More than \$1 \$50,000 \$100,000 to \$100 to \$500 \$500,000 \$1 to \$10 to \$50 to \$1 billion billion million million million million million Estimated Liabilities  $\Box$  $\Box$  $\Box$  $\Box$ \$500,001 to \$1,000,001 \$100,000,001 \$10,000,001 \$50,000,001 \$50,001 to \$100,001 to \$500,000,001 More than \$1 \$50,000 \$100,000 \$1 to \$10 to \$50 to \$100 to \$500 \$500,000 billion to \$1 billion million million million million million

B 1 (Official F@pgSe (D9874817 Doc 1 Filed 10/30/09		Desc Manage 2			
Voluntary Petition Document	Nanege 2 of 46				
(This page must be completed and filed in every case)  Thomas M. Knight, Charlene M. Knight					
All Prior Bankruptcy Cases Filed Within La	st 8 Years (If more than two, attach additional sheet.)				
Location Where Filed: NONE	Case Number:	Date Filed:			
Location Where Filed:	Case Number:	Date Filed:			
Pending Bankruptcy Case Filed by any Spouse, Partner of	r Affiliate of this Debtor (If more than one, attach ad	lditional sheet)			
Name of Debtor:	Case Number:	Date Filed:			
NONE District:	Relationship:	Judge:			
District.	Relationship.	Judge.			
Exhibit A  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)	Exhibit B  (To be completed if debtor is whose debts are primarily con I, the attorney for the petitioner named in the foregoi have informed the petitioner that [he or she] may pro 12, or 13 of title 11, United States Code, and have e available under each such chapter. I further certify the debtor the notice required by 11 U.S.C. § 342(b).	sumer debts) ing petition, declare that I seed under chapter 7, 11, xplained the relief			
Exhibit A is attached and made a part of this petition.	X /s/ Henry Repay	10/28/2009			
	Signature of Attorney for Debtor(s)  Henry Repay	Date <b>06199079</b>			
Ext	hibit C				
Does the debtor own or have possession of any property that poses or is alleged to pose a Yes, and Exhibit C is attached and made a part of this petition.  No	threat of imminent and identifiable harm to public heal	th or safety?			
Exh	aibit D				
(To be completed by every individual debtor. If a joint petition is filed, each spouse must	t complete and attach a separate Exhibit D.)				
☐ Exhibit D completed and signed by the debtor is attached and made a part of the	his petition				
	- Petition				
If this is a joint petition:					
Exhibit D also completed and signed by the joint debtor is attached and made a					
	ding the Debtor - Venue applicable box)				
Debtor has been domiciled or has had a residence, principal place preceding the date of this petition or for a longer part of such 180 cm.		ays immediately			
There is a bankruptcy case concerning debtor's affiliate. general pa	artner, or partnership pending in this District.				
Debtor is a debtor in a foreign proceeding and has its principal place has no principal place of business or assets in the United States but this District, or the interests of the parties will be served in regard to	is a defendant in an action or proceeding [in a federal				
	des as a Tenant of Residential Property oplicable boxes.)				
Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).					
	(Name of landlord that obtained judgment)				
	(Address of landlord)				
Debtor claims that under applicable nonbankruptcy law, there are dentire monetary default that gave rise to the judgment for possession		ed to cure the			
Debtor has included in this petition the deposit with the court of an filing of the petition.	ny rent that would become due during the 30-day period	after the			
Debtor certifies that he/she has served the Landlord with this certif	fication. (11 U.S.C. § 362(1)).				

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

Voluntary Petition Document	Page 3 of 46			
Voluntary Petition Document  (This page must be completed and filed in every case)	Name George of s.4.6  Thomas M. Knight, Charlene M. Knight			
(This page must be completed and filed in every case)				
Sign	natures			
Signature(s) of Debtor(s) (Individual/Joint)	Signature of a Foreign Representative			
I declare under penalty of perjury that the information provided in this petition is true	I declare under penalty of perjury that the information provided in this petition is true			
and correct.  [If petitioner is an individual whose debts are primarily consumer debts and has	and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.			
chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12	•			
or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.	(Check only <b>one</b> box.)			
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).	I request relief in accordance with chapter 15 of Title 11, United States Code.  Certified Copies of the documents required by § 1515 of title 11 are attached.			
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.	Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.			
X s/ Thomas M. Knight	X Not Applicable			
Signature of Debtor Thomas M. Knight	(Signature of Foreign Representative)			
X s/ Charlene M. Knight				
Signature of Joint Debtor Charlene M. Knight	(Printed Name of Foreign Representative)			
Telephone Number (If not represented by attorney)				
10/28/2009	Date			
Date				
Signature of Attorney	Signature of Non-Attorney Petition Preparer			
X /s/ Henry Repay Signature of Attorney for Debtor(s)	I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined			
•	in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11			
Henry Repay Bar No. 06199079	U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been			
Printed Name of Attorney for Debtor(s) / Bar No.	promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount			
Law Offices of Henry Repay	before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.			
Firm Name	as required in that section. Official Form 17 is attached.			
930 W. Locust Street Belvidere, IL 61008-4226				
Address	Not Applicable			
	Printed Name and title, if any, of Bankruptcy Petition Preparer			
(815) 547-3369 (815) 544-5429				
Telephone Number	Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of			
10/28/2009	the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)			
Date				
*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.	Address			
Signature of Debton (Composition/Doutnowskip)	X Not Applicable			
Signature of Debtor (Corporation/Partnership)  I declare under penalty of perjury that the information provided in this petition is true				
and correct, and that I have been authorized to file this petition on behalf of the	Date			
debtor.	Signature of bankruptcy petition preparer or officer, principal, responsible person, or			
The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.	partner whose Social-Security number is provided above.			
•	Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an			
X Not Applicable Signature of Authorized Individual	individual.			
Signature of Authorized individual	If more than one person prepared this document, attach to the appropriate official form for each person.			
Printed Name of Authorized Individual	A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or			
Title of Authorized Individual	both. 11 U.S.C. § 110; 18 U.S.C. § 156.			
	1			

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B 1D (Official Form 1, Exhibit D) (12/08)

#### UNITED STATES BANKRUPTCY COURT

# Northern District of Illinois Western Division

In re	Thomas M. Knight Charlene M. Knight	Case No.	
	Debtor(s)		(if known)

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

✓ 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.
3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]—

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

Case 09-74817 Doc 1 Filed 10/30/09 Entered 10/30/09 13:39:09 Desc Main Page 5 of 46 Document B 1D (Official Form 1, Exh. D) (12/08) - Cont. ☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.] ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); ☐ Active military duty in a military combat zone. 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. '109(h) does not apply in this district. I certify under penalty of perjury that the information provided above is true and correct. Signature of Debtor: s/ Thomas M. Knight Thomas M. Knight Date: 10/28/2009

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B 1D (Official Form 1, Exhibit D) (12/08)

#### UNITED STATES BANKRUPTCY COURT

# Northern District of Illinois Western Division

In re	Thomas M. Knight Charlene M. Knight	Case No.	
	Debtor(s)		(if known)

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1 A. Within the 400 days before the filing of my benjamentary and a lyperiyed a hyinfing from a gradit

counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities or available credit counseling and assisted me in performing a related budget analysis, and I have a certificate rom the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
□ 2. Within the <b>180 days before the filing of my bankruptcy case</b> , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities or available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.
3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

Case 09-74817 Doc 1 Filed 10/30/09 Entered 10/30/09 13:39:09 Desc Main B 1D (Official Form 1, Exh. D) (12/08) – Cont. Page 7 of 46 ☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.] ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); ☐ Active military duty in a military combat zone. 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. '109(h) does not apply in this district. I certify under penalty of perjury that the information provided above is true and correct. Signature of Debtor: s/ Charlene M. Knight Charlene M. Knight Date: 10/28/2009

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B6A (Official Form 6A) (12/07)

In re:	e: Thomas M. Knight Charlene M. Knight		Case No.	
		Debtors	,	(If known)

# **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

125 Rainbow Drive Capron, IL 61012	Fee Owner	HUSB, AO	\$ 152,000.00	\$ 138,905.58
DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM

(Report also on Summary of Schedules.)

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B6B (Official Form 6B) (12/07)

In re	Thomas M. Knight	Charlene M. Knight	Case No.	
		Debtors		(If known)

# SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand		Cash	J	40.00
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Acct. #0000878103 Castle Bank 1725 S. State Street Belvidere, IL 61008	J	50.00
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Savings Acct. #300122447 Castle Bank 1725 S. State Street Belvidere, IL 61008	J	100.00
Security deposits with public utilities, telephone companies, landlords, and others.	X			
Household goods and furnishings, including audio, video, and computer equipment.		Household Goods & Furnishings	J	1,000.00
<ol> <li>Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.</li> </ol>	X			
6. Wearing apparel.		Wearing Apparel	J	300.00
7. Furs and jewelry.		Engagement and Wedding Bands	J	1,000.00
Firearms and sports, photographic, and other hobby equipment.		Fishing Equipment	J	100.00
Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	Х			

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B6B (Official Form 6B) (12/07) -- Cont.

In re	Thomas M. Knight	Charlene M. Knight	Case No.	
		Debtors		(If known)

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401(k) Plaspros, Inc. Profit Sharing/401(K) Plan Fidelity Investments	W	4,326.73
Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	Х			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1994 Nissan Quest (200,000 miles)(needs repair, not running)	J	200.00
Automobiles, trucks, trailers, and other vehicles and accessories.		2003 Ford F150 (108,000 miles)	J	4,075.00

Case 09-74817 Doc 1 Filed 10/30/09 Entered 10/30/09 13:39:09 Desc Main Document Page 11 of 46

B6B (Official Form 6B) (12/07) -- Cont.

In re	Thomas M. Knight	Charlene M. Knight	Case No.	
		Debtors	_,	(If known)

# **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2004 Chevrolet Impala (105,000 miles)	J	3,350.00
26. Boats, motors, and accessories.	Х			
27. Aircraft and accessories.	Х			
28. Office equipment, furnishings, and supplies.		HP Desktop Computer	J	100.00
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	Х			
31. Animals.	Х			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	Х			
34. Farm supplies, chemicals, and feed.	Х			
35. Other personal property of any kind not already listed. Itemize.	Х			
	_	2 continuation sheets attached Total	al >	\$ 14,641.73

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

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B6C (Official Form 6C) (12/07)

In re	Thomas M. Knight	Charlene M. Knight		Case No.	
		<u> </u>	Debtors .	·	(If known)

# **SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:	Check if debtor claims a homestead exemption that exceed
(Check one box)	\$136,875

☐ 11 U.S.C. § 522(b)(2) ☐ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY				
Capron, IL 61012  1994 Nissan Quest (200,000 miles)(needs repair, not running)  2004 Chevrolet Impala (105,000 miles)  Cash 735 ILCS 5/12-1001(c) 516.00 3,3  Cash 735 ILCS 5/12-1001(b) 40.00  Checking Acct. #0000878103 735 ILCS 5/12-1001(b) 50.00  Castle Bank 725 S. State Street Belvidere, IL 61008  Engagement and Wedding Fishing Equipment 735 ILCS 5/12-1001(b) 100.00 1  Household Goods & 735 ILCS 5/12-1001(b) 1,000.00 1,000.00 1,000.00 1  Savings Acct. #300122447 735 ILCS 5/12-1001(b) 100.00 1	DESCRIPTION OF PROPERTY	PROVIDING EACH	CLAIMED	VALUE OF PROPERTY WITHOUT DEDUCTING
miles)(needs repair, not running)  2004 Chevrolet Impala (105,000 735 ILCS 5/12-1001(c) 516.00 3,3 miles)  Cash 735 ILCS 5/12-1001(b) 40.00  Checking Acct. #0000878103 735 ILCS 5/12-1001(b) 50.00  Castle Bank 1725 S. State Street Belvidere, IL 61008  Engagement and Wedding Roder 735 ILCS 5/12-1001(b) 1,000.00 1,0 miles Engagement Roder Rode		735 ILCS 5/12-901	13,094.42	152,000.00
miles)       735 ILCS 5/12-1001(b)       40.00         Checking Acct. #0000878103       735 ILCS 5/12-1001(b)       50.00         Castle Bank       1725 S. State Street       50.00         Belvidere, IL 61008       1,000.00       1,000.00         Engagement and Wedding Bands       735 ILCS 5/12-1001(b)       100.00         Fishing Equipment       735 ILCS 5/12-1001(b)       100.00         Household Goods & 735 ILCS 5/12-1001(b)       1,000.00       1,000.00         Furnishings       735 ILCS 5/12-1001(b)       100.00       1         Savings Acct. #300122447       735 ILCS 5/12-1001(b)       100.00       1         Castle Bank 1725 S. State Street Belvidere, IL 61008       100.00       1	miles)(needs repair, not	735 ILCS 5/12-1001(c)	200.00	200.00
Checking Acct. #0000878103 Castle Bank 1725 S. State Street Belvidere, IL 61008  Engagement and Wedding Bands Fishing Equipment  T35 ILCS 5/12-1001(b)  Household Goods & Furnishings HP Desktop Computer  T35 ILCS 5/12-1001(b)  Savings Acct. #300122447 Castle Bank 1725 S. State Street Belvidere, IL 61008  T35 ILCS 5/12-1001(b)		735 ILCS 5/12-1001(c)	516.00	3,350.00
Castle Bank 1725 S. State Street Belvidere, IL 61008  Engagement and Wedding Bands Fishing Equipment  T35 ILCS 5/12-1001(b)  Household Goods & T35 ILCS 5/12-1001(b)  Furnishings  HP Desktop Computer  T35 ILCS 5/12-1001(b)  Savings Acct. #300122447 Castle Bank 1725 S. State Street Belvidere, IL 61008	Cash	735 ILCS 5/12-1001(b)	40.00	40.00
Bands   Fishing Equipment   735   LCS 5/12-1001(b)   100.00   1	Castle Bank 1725 S. State Street	735 ILCS 5/12-1001(b)	50.00	50.00
Household Goods & 735 ILCS 5/12-1001(b) 1,000.00 1,0 Furnishings  HP Desktop Computer 735 ILCS 5/12-1001(b) 100.00 1 Savings Acct. #300122447 735 ILCS 5/12-1001(b) 100.00 1 Castle Bank 1725 S. State Street Belvidere, IL 61008		735 ILCS 5/12-1001(b)	1,000.00	1,000.00
Furnishings  HP Desktop Computer  735 ILCS 5/12-1001(b)  100.00  1  Savings Acct. #300122447  Castle Bank  1725 S. State Street  Belvidere, IL 61008	Fishing Equipment	735 ILCS 5/12-1001(b)	100.00	100.00
Savings Acct. #300122447 735 ILCS 5/12-1001(b) 100.00 1 Castle Bank 1725 S. State Street Belvidere, IL 61008		735 ILCS 5/12-1001(b)	1,000.00	1,000.00
Castle Bank 1725 S. State Street Belvidere, IL 61008	HP Desktop Computer	735 ILCS 5/12-1001(b)	100.00	100.00
Wearing Apparel 735 ILCS 5/12-1001(a),(e) 300.00 3	Castle Bank 1725 S. State Street	735 ILCS 5/12-1001(b)	100.00	100.00
	Wearing Apparel	735 ILCS 5/12-1001(a),(e)	300.00	300.00

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B6D (Official Form 6D) (12/07)

In re	Thomas M. Knight Charlene M. Knight		Case No.	
		Debtors		(If known)

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. K8013056  Fidelity Investments PO Box 145426 Cincinnati, OH 45250-5426		w	Statutory Lien 401(k) Plaspros, Inc. Profit Sharing/401(K) Plan Fidelity Investments VALUE \$4,326.73		x		5,025.75	699.02

continuation sheets attached

1

Subtotal → (Total of this page)

Total → (Use only on last page)

\$ 5,025.75	\$ 699.02
\$	\$

(Report also on Summary of (If applicable, report Schedules) also on Statistical Summary of Certain Liabilities and Related Data.)

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B6D (Official Form 6D) (12/07)- Cont.

In re	Thomas M. Knight Charlene M. Knight		,	Case No.	
		Debtors			(If known)

# **SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 250003823-01  Numark Credit Union PO Box 2729 Joliet, IL 60434-2729		J	Purchase Money 2004 Chevrolet Impala (105,000 miles) VALUE \$3,350.00		x		2,834.00	0.00
ACCOUNT NO. 5157883099342  US Bank Home Mortgage PO Box 20005  Owensboro, KY 42304-0005		J	Mortgage 125 Rainbow Drive Capron, IL 61012 VALUE \$152,000.00		х		138,905.58	0.00
ACCOUNT NO. 502-3740998015-9001  Wells Fargo Auto Finance PO Box 29704 Phoenix, AZ 85038-9704		Н	Purchase Money 2003 Ford F150 (108,000 miles) VALUE \$4,075.00		x		8,576.29	4,501.29

Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims

Subtotal → (Total of this page)

Total → (Use only on last page)

\$ 150,315.87	\$ 4,501.29
\$ 155,341.62	\$ 5,200.31

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Debtors

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Desc Main

B6E (Official Form 6E) (12/07)

In re

Thomas M. Knight Charlene M. Knight

Case No.

(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☑ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
 TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)
 ☑ Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

■ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

■ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

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Thomas M. Knight Charlene M. Knight
Debtors

Certain farmers and fishermen
Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals
Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C.

☐ Claims for Death or Personal Injury While Debtor Was Intoxicated

§ 507 (a)(9).

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

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B6E (Official Form 6E) (12/07) - Cont.

In re	Thomas M Knight	Charlene M. Knight	Case No.	
		<b>-</b>	<del></del>	(If known)
		Debtors		

# SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.									\$0.00

Sheet no.  $\underline{1}$  of  $\underline{1}$  continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals ➤ (Totals of this page)

Total >
(Use only on last page of the completed
Schedule E. Report also on the Summary of
Schedules.)

Total > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data. )

\$ 0.00	\$ 0.00	\$ 0.00
\$ 0.00		
	\$ 0.00	\$ 0.00

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B6F (Official Form 6F) (12/07)

In re	Thomas M. Knight	Charlene M. Knight	Case No.	
		Debtors	(If known)	

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. See Next Column		Н			Х		6,295.19
Bank of America PO Box 15026 Wilmington, DE 19850-5026			Miscellaneous Purchases 4305 5001 7304 3624, 4888 9303 3731 4410, 4888 9319 9584 0407				
Bank of America PO Box 15726 Wilminton, DE 19886-5726							
FIA Card Services PO Box 151019 Wilmington, DE 19886-5019							
FIA Card Services PO Box 15137 Wilmington, DE 19850-5137							

Subtotal > \$ 6,295.19

Total > (Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)

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B6F (Official Form 6F) (12/07) - Cont.

In re Thor	nas M. Knight	Charlene M. Knight	Case No.		
		Debtors		(If known)	

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

		(Continuation Sheet)				
CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
	Н			Х		1,906.49
		Miscellaneous Purchases				
	Н			Х		4,037.00
		Miscellaneous Purchases				
	J	Miscellaneous Purchases 5483 4113 6005 0359, XXXX XXXX XXXX 0119, C7038		x		5,022.00
	CODEBTOR	Н	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOFF, SO STATE   H  Miscellaneous Purchases  J  Miscellaneous Purchases 5483 4113 6005 0359, XXXX XXXXX XXXXX 0119,	BOATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE  H  Miscellaneous Purchases  Miscellaneous Purchases  5483 4113 6005 0359, XXXX XXXXX XXXXX 0119,	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOFF, SO STATE     H	H Miscellaneous Purchases  H Miscellaneous Purchases  J Miscellaneous Purchases 5483 4113 6005 0359, XXXX XXXX XXXX XXXX 0119,

Sheet no.  $\,\underline{1}\,$  of  $\underline{6}$  continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

10,965.49 Subtotal >

(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)

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B6F (Official Form 6F) (12/07) - Cont.

In re Thor	nas M. Knight	Charlene M. Knight	Case No.		
		Debtors		(If known)	

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

			(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5187 5201 9185 3564		Н			Х		861.11
Citi Cards PO Box 6000 The Lakes, NV 89163-6000			Miscellaneous Purchases				
ACCOUNT NO.		J			Х		0.00
Debt Remedy Advisors 725 North A1A, Ste. C119 Jupiter, FL 33458			Debt Consolidation Program				
ACCOUNT NO. See Next Column		Н			Х		20,415.97
GE Money Bank Attn: Bankruptcy Department PO Box 103104 Roswell, GA 30076			Line of Credit 6044 0511 0415 2432, 17190923, 44531564				
Zwicker & Associates, P.C. Attorneys At Law 80 Minuteman Road Andover, MA 01810-1031							
Alliance One Receivables Mgmt, Inc. 4850 Street Road, Ste. 300 Trevose, PA 19053							
Arrow Financial Services 5996 W. Touhy Avenue Niles, IL 60714-4610							

Sheet no.  $\underline{2}$  of  $\underline{6}$  continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 21,277.08

Total > Schedule F.)

(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) Case 09-74817 Doc 1 Filed 10/30/09 Entered 10/30/09 13:39:09 Desc Main Page 21 of 46 Document

B6F (Official Form 6F) (12/07) - Cont.

 In re	Thomas M. Knight	Charlene M. Knight	Case No.	
		Debtors	,	(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

			(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3120 7600 0012 6524		W			Х		66.00
Guzzardo Music 3010 Charles Street Rockford, IL 61108  Creditors Protection Service 202 W. State Street, Ste 300 Rockford, IL 61101			Miscellaneous Purchases				
ACCOUNT NO. 5466 8010 1801 1913		J			х		7,167.00
JC Penney GE Money Bank Attn: Bankruptcy Department PO Box 103104 Roswell, GA 30076		Miscellaneous Purchases					
ACCOUNT NO. 035-9191-525		w			Х		847.17
Kohl's PO Box 3043 Milwaukee, WI 53201-3043			Miscellaneous Purchases				
ACCOUNT NO. 7982 2211 4057 3086		Н			Х		74.91
Lowe's GE Money Bank Attn: Bankruptcy Department PO Box 103104 Roswell, GA 30076			Miscellaneous Purchases				

Sheet no.  $\,\underline{3}$  of  $\underline{6}$  continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

8,155.08 Subtotal >

(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)

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B6F (Official Form 6F) (12/07) - Cont.

 In re	Thomas M. Knight	Charlene M. Knight	Case No.	
		Debtors	,	(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

			(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6004 3009 0892 0504		Н			Х		433.52
Menards HSBC Retail Services PO Box 15521 Wilmington, DE 19850-5521		Miscellaneous Purchases					
ACCOUNT NO. <b>00485021</b>		J			Х		250.31
Mercy Health System Mercy Harvard Hospital PO Box 5177 Janesville, WI 53547-5177		Medical Services					
ACCOUNT NO. <b>H0926400453</b>		J			Х		575.00
Mercy Health System 1000 Mineral Point Avenue Janesville, WI 53548		Medical Services					

Sheet no.  $\underline{4}$  of  $\underline{6}$  continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 1,258.83

Total > \$

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B6F (Official Form 6F) (12/07) - Cont.

In re	Thomas M. Knight	Charlene M. Knight	Case No.	
	<b>_</b>	Debtors		(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

(Continuation Sheet)							
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8040-2616		J			Х		103.80
MHS Physicians Services PO Box 5081 Janesville, WI 53547-5081			Medical Services				
Joseph H LeVenstein Mercy Harvard Hospital Clinic 901 Grant St Harvard, IL 60033							
Mabria Loqman Mercy Harvard South Medical Center 348 S Division St Harvard, IL 60033							
Shailesh R Virani Mercy Harvard South Medical Center 348 S Division St Harvard, IL 60033							
Dr. Pierce Mercy Harvard South Medical Center 348 S Division St Harvard, IL 60033							
ACCOUNT NO. See Next Column		J			X		137.00
Quest Diagnostics 1355 Mittel Boulevard Attn: Patient Billing Wood Dale, IL 60191-1024			Medical Services 5772989725, 5549298771				
American Medical Collection Agency 2269 S. Saw Mill River Road, Bldg. 3 Elmsford, NY 10523							

Sheet no.  $\underline{5}$  of  $\underline{6}$  continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 240.80

Total > \$

(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) Case 09-74817 Doc 1 Filed 10/30/09 Entered 10/30/09 13:39:09 Desc Main Document Page 24 of 46

B6F (Official Form 6F) (12/07) - Cont.

 In re	Thomas M. Knight	Charlene M. Knight	Case No.	
		Debtors	,	(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

(Generalization Groot)							
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5049 9480 9027 0580		Н			Х		902.47
Sears Credit Cards PO Box 6283 Sioux Falls, SD 57117-6283		Miscellaneous Purchases					
ACCOUNT NO. 4037 8400 1569 8523		J			X		3,833.00
US Bank Cardmember Service PO Box 6335 Fargo, ND 58125-6335		Miscellaneous Purchases					
US Bank Cardmember Service PO Box 108 St. Louis, MO 63166-9801							

Sheet no.  $\underline{6}$  of  $\underline{6}$  continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 4,735.47

Total > \$ 52,927.94

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B6G (Official Form 6G) (12/07)

In re:	Thomas M. Knight	Charlene M. Knight	Case No	
		Debtors		(If known)

# SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☑ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLU OF OTHER PARTIES TO LEASE OR	•	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

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B6H (Official Form 6H) (12/07)

In re:	Thomas M. Knight	Charlene M. Knight	Case N	lo.
		Debtors		(If known)

# **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

✓ Check this box if debtor has no codebtors.	
NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

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In re	Thomas M. Knight Charlene M. Knight	Case No.	·			
	Debtors	<del></del> ,	(If known)			

# SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: <b>Married</b>	DEPENDENTS OF	DEPENDENTS OF DEBTOR AND SPOUSE						
	RELATIONSHIP(S):	AGE(S):						
	Son			19				
	Daughter			17				
	Daughter			16				
Employment:	DEBTOR	SPOUSE						
Occupation	Print Press Operator	Quality Inspector						
Name of Employer	H S Crocker	Plaspros						
How long employed	3 years	5 years						
Address of Employer	12100 Smith Drive Huntley, IL 60142	1143 Ridgeview Drive McHenry, IL 60050						
INCOME: (Estimate of a case filed	verage or projected monthly income at time	DEBTOR		SPOUSE				
1. Monthly gross wages,	salary, and commissions	\$3,555.90	\$_	2,025.38				
(Prorate if not paid a 2. Estimate monthly over		\$	\$_	0.00				
3. SUBTOTAL		\$3,555.90	\$_	2,025.38				
4. LESS PAYROLL DED	DUCTIONS	<u>,                                    </u>						
a. Payroll taxes and	I social security	\$ 494.91		182.18				
b. Insurance		\$ 143.89	\$_	139.75				
<ul><li>c. Union dues</li><li>d. Other (Specify)</li></ul>		\$ 0.00	\$_	0.00				
u. Other (Opecity)	401K		\$_	121.53				
	401K Loan	\$\$	\$_	108.20				
5. SUBTOTAL OF PAY	ROLL DEDUCTIONS	\$ <u>638.80</u>	\$_	<u>551.66</u>				
6. TOTAL NET MONTH	LY TAKE HOME PAY	\$ <u>2,917.10</u>	\$_	1,473.72				
7. Regular income from of (Attach detailed state)	operation of business or profession or farm	\$ 0.00	\$	0.00				
8. Income from real prope	,	\$ 0.00	э <u> </u>	0.00				
Interest and dividends	ы су	\$ 0.00	Ψ <u></u> \$	0.00				
10. Alimony, maintenance	e or support payments payable to the debtor for the of dependents listed above.	\$ 0.00	\$ <u> </u>	0.00				
(0 1/1)	er government assistance	\$\$	\$_	0.00				
12. Pension or retirement	tincome	\$0.00	\$	0.00				
13. Other monthly income	e							
(Specify)		<b></b> \$ <b>0.00</b>	\$ _	0.00				
14. SUBTOTAL OF LINI	ES 7 THROUGH 13	\$0.00	\$_	0.00				
15. AVERAGE MONTHI	LY INCOME (Add amounts shown on lines 6 and 14)	\$	\$	1,473.72				
16. COMBINED AVERA totals from line 15)	GE MONTHLY INCOME: (Combine column	\$ 4,390	).82					
ioiais moin iille 13)		(Report also on Summary of Schedules and, if applical						

Statistical Summary of Certain Liabilities and Related Data)

			Debtors	,	(If known)	
In re	Thomas M. Knight Charle	ene M. Kni	ght	Case No.		
B6I (Off	ficial Form 6I) (12/07) - Cont.		Document	Page 28 of 46		
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# SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

	•
17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:	
NONE	

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**B6J (Official Form 6J) (12/07)** 

In re Thomas M. Knight Charlene M. Knight	Case No.
Debtors	(If known)

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."  1. Rent or home mortgage payment (include lot rented for mobile home) a. Are real estate taxes included? Yes	iny payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expensions the deductions from income allowed on Form22A or 22C.		
a. Are real estate taxes included? Yes	Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate	arate schedule of	
A rer real estate taxes included? Yes	Rent or home mortgage payment (include lot rented for mobile home)	\$	1.384.60
2. Utilities: a. Electricity and heating fuel  b. Water and sewer  c. Telephone  d. Other Garbage  3. Home maintenance (repairs and upkeep)  4. Food  5. Clothing  6. Laundry and dry cleaning  7. Medical and dental expenses  8. 100.00  8. Transportation (not including car payments)  8. Transportation (not including car payments)  9. Recreation, clubs and entertainment, newspapers, magazines, etc.  9. \$0.00  11. Insurance (not deducted from wages or included in home mortgage payments)  2. Life  3. 0.00  12. Taxes (not deducted from wages or included in home mortgage payments)  2. Life  3. 0.00  13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  3. Auto  4. Altimony, maintenance, and support paid to others  5. 0.00  14. Alimony, maintenance, and support paid to others  15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document.  19. Describe any increase from the 15 of Schedule I  20. STATEMENT OF MONTHLY NET INCOME  21. Average monthly income from Line 15 of Schedule I  21. Average monthly income from Line 15 of Schedule I  22. STATEMENT OF MONTHLY RET INCOME  23. Average monthly income from Line 15 of Schedule I  24. Average monthly income from Line 15 of Schedule I  25. 4,4390.82  26. Jayout and the testing and the statement income income from Line 15 of Schedule I  25. 4,4390.82  26. Jayout and the testing and the statement income income from Line 15 of Schedule I  26. Average monthly income from Line 15 of Schedule I	a. Are real estate taxes included? Yes ✓ No		.,0000
D. Water and sewer   S   100.00	b. Is property insurance included? Yes ✓ No		
C. Telephone	2. Utilities: a. Electricity and heating fuel	\$	200.00
d. Other Garbage   \$   25.00	b. Water and sewer	\$	100.00
3. Home maintenance (repairs and upkeep)         \$ 100.00           4. Food         \$ 600.00           5. Clothing         \$ 0.00           6. Laundry and dry cleaning         \$ 0.00           7. Medical and dental expenses         \$ 100.00           8. Transportation (not including car payments)         \$ 565.00           9. Recreation, clubs and entertainment, newspapers, magazines, etc.         \$ 50.00           10. Charitable contributions         \$ 0.00           11. Insurance (not deducted from wages or included in home mortgage payments)         \$ 0.00           11. Insurance (not deducted from wages or included in home mortgage payments)         \$ 0.00           b. Life         \$ 0.00           c. Health         \$ 0.00           d. Auto         \$ 0.00           12. Taxes (not deducted from wages or included in home mortgage payments)         \$ 0.00           13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)         \$ 350.73           a. Auto         \$ 350.73           b. Other Ford F150 Auto Installment         \$ 0.00           14. Alimony, maintenance, and support paid to others         \$ 0.00           15. Payments for support of additional dependents not living at your home         \$ 0.00           16. Regular expenses from operation of business, profession, or farm (	c. Telephone	\$	105.00
3. Home maintenance (repairs and upkeep)         \$ 100.00           4. Food         \$ 600.00           5. Clothing         \$ 0.00           6. Laundry and dry cleaning         \$ 0.00           7. Medical and dental expenses         \$ 100.00           8. Transportation (not including car payments)         \$ 565.00           9. Recreation, clubs and entertainment, newspapers, magazines, etc.         \$ 50.00           10. Charitable contributions         \$ 0.00           11. Insurance (not deducted from wages or included in home mortgage payments)         \$ 0.00           11. Insurance (not deducted from wages or included in home mortgage payments)         \$ 0.00           b. Life         \$ 0.00           c. Health         \$ 0.00           d. Auto         \$ 0.00           12. Taxes (not deducted from wages or included in home mortgage payments)         \$ 0.00           13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)         \$ 350.73           a. Auto         \$ 350.73           b. Other Ford F150 Auto Installment         \$ 0.00           14. Alimony, maintenance, and support paid to others         \$ 0.00           15. Payments for support of additional dependents not living at your home         \$ 0.00           16. Regular expenses from operation of business, profession, or farm (	d. Other Garbage	\$	25.00
Food   \$   \$   \$   \$   \$   \$   \$   \$   \$	3. Home maintenance (repairs and upkeep)		
6. Laundry and dry cleaning \$ 0.00 7. Medical and dental expenses \$ 100.00 8. Transportation (not including car payments) \$ 565.00 9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ 50.00 10. Charitable contributions \$ 0.00 11. Insurance (not deducted from wages or included in home mortgage payments)  a. Homeowner's or renter's \$ 0.00  b. Life \$ 0.00  c. Health \$ 0.00  d. Auto \$ 137.00  e. Other On the Statistical Summary of Certain Liabilities and Related Data.)  13. Installment progress from Uniter Statistical Summary of Certain Liabilities and Related Data.)  14. Alverage monthly expenses from Line 15 of Schedule I \$ 4,390.82 b. Average monthly expenses from Line 18 above \$ 4,059.33	4. Food	\$	
7. Medical and dental expenses       \$ 100.00         8. Transportation (not including car payments)       \$ 565.00         9. Recreation, clubs and entertainment, newspapers, magazines, etc.       \$ 50.00         10. Charitable contributions       \$ 0.00         11. Insurance (not deducted from wages or included in home mortgage payments)       \$ 0.00         1. Life       \$ 0.00         0. Health       \$ 0.00         0. Auto       \$ 137.00         e. Other       \$ 0.00         12. Taxes (not deducted from wages or included in home mortgage payments)       \$ 0.00         (Specify)       \$ 0.00         13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)       \$ 350.73         a. Auto       \$ 350.73         b. Other       Ford F150 Auto Installment       \$ 242.00         14. Alimony, maintenance, and support paid to others       \$ 0.00         15. Payments for support of additional dependents not living at your home       \$ 0.00         16. Regular expenses from operation of business, profession, or farm (attach detailed statement)       \$ 0.00         17. Other       \$ 0.00         18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)       \$ 4,059.33 <t< th=""><th>5. Clothing</th><th>\$</th><th>100.00</th></t<>	5. Clothing	\$	100.00
8. Transportation (not including car payments) \$ 585.00 9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ 50.00 10. Charitable contributions \$ 0.00 11. Insurance (not deducted from wages or included in home mortgage payments)  a. Homeowner's or renter's \$ 0.00 b. Life \$ 0.00 c. Health \$ 0.00 d. Auto \$ 137.00 e. Other	6. Laundry and dry cleaning	\$	0.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.         \$ 50.00           10. Charitable contributions         \$ 0.00           11. Insurance (not deducted from wages or included in home mortgage payments)         \$ 0.00           11. Insurance (not deducted from wages or included in home mortgage payments)         \$ 0.00           b. Life         \$ 0.00           c. Health         \$ 0.00           d. Auto         \$ 137.00           e. Other         \$ 0.00           12. Taxes (not deducted from wages or included in home mortgage payments)         \$ 0.00           (Specify)         \$ 0.00           13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)         \$ 350.73           a. Auto         \$ 350.73           b. Other Ford F150 Auto Installment         \$ 0.00           14. Alimony, maintenance, and support paid to others         \$ 0.00           15. Payments for support of additional dependents not living at your home         \$ 0.00           16. Regular expenses from operation of business, profession, or farm (attach detailed statement)         \$ 0.00           17. Other         \$ 0.00           18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)         \$ 4,059.33	7. Medical and dental expenses	\$	100.00
10. Charitable contributions   \$ 0.00     11. Insurance (not deducted from wages or included in home mortgage payments)   \$ 0.00     12. Life   \$ 0.00     13. Life   \$ 0.00     14. Auto   \$ 0.00     15. Taxes (not deducted from wages or included in home mortgage payments)   \$ 0.00     12. Taxes (not deducted from wages or included in home mortgage payments)   \$ 0.00     13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)   \$ 350.73     15. Payments for support of additional dependents not living at your home   \$ 0.00     15. Payments for support of additional dependents not living at your home   \$ 0.00     16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   \$ 0.00     17. Other   \$ 0.00     18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)   \$ 4,059.33     19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document     20. STATEMENT OF MONTHLY NET INCOME   \$ 4,390.82     2 a. Average monthly income from Line 15 of Schedule I   \$ 4,390.82     3 b. Average monthly expenses from Line 18 above   \$ 4,059.33     3 c. Average monthly expenses from Line 18 above   \$ 4,059.33     3 c. Average monthly expenses from Line 18 above   \$ 4,059.33     3 c. Average monthly expenses from Line 18 above   \$ 4,059.33     3 c. Average monthly expenses from Line 18 above   \$ 4,059.33     3 c. Average monthly expenses from Line 18 above   \$ 4,059.33     3 c. Average monthly expenses from Line 18 above   \$ 4,059.33     3 c. Average monthly expenses from Line 18 above   \$ 4,059.33     3 c. Average monthly expenses from Line 18 above   \$ 4,059.33     3 c. Average monthly expenses from Line 18 above   \$ 4,059.33     3 c. Average monthly expenses from Line 18 above   \$ 4,059.33     3 c. Average monthly expenses from Line 18 above   \$ 4,	8. Transportation (not including car payments)	\$	
11. Insurance (not deducted from wages or included in home mortgage payments)  a. Homeowner's or renter's  b. Life  c. Health  d. Auto  e. Other  12. Taxes (not deducted from wages or included in home mortgage payments)  (Specify)  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  a. Auto  b. Other Ford F150 Auto Installment  14. Alimony, maintenance, and support paid to others  15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  s. 4,390.82  b. Average monthly expenses from Line 18 above  \$ 4,059.33	9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	
a. Homeowner's or renter's b. Life c. Health c. Health d. Auto d. Auto e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto a. Auto b. Other Ford F150 Auto Installment 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filling of this document:  20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above  \$ 4,059.33	10. Charitable contributions	\$	0.00
b. Life c. Health c. Health d. Auto d. Auto e. Other s. O.00 e. Other s. O.00 e. Other s. O.00 e. Other s. O.00 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) s. O.00 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other Ford F150 Auto Installment b. Other Ford F150 Auto Installment s. O.00 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above  \$ 4,390.82 b. Average monthly expenses from Line 18 above  \$ 4,059.33	11. Insurance (not deducted from wages or included in home mortgage payments)		
c. Health d. Auto d. Auto e. Other solver 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other Ford F150 Auto Installment a. Auto 5 350.73 b. Other Ford F150 Auto Installment 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above  \$ 4,390.82 b. Average monthly expenses from Line 18 above  \$ 4,059.33	a. Homeowner's or renter's	\$	0.00
d. Auto e. Other (Specify) 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other Ford F150 Auto Installment 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above  \$ 4,390.82 b. Average monthly expenses from Line 18 above  \$ 4,390.82 b. Average monthly expenses from Line 18 above  \$ 4,059.33	b. Life	\$	0.00
e. Other	c. Health	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) \$ 0.00  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto \$ 350.73 b. Other Ford F150 Auto Installment \$ 242.00  14. Alimony, maintenance, and support paid to others \$ 0.00 15. Payments for support of additional dependents not living at your home \$ 0.00 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ 0.00 17. Other \$ 0.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I \$ 4,390.82 b. Average monthly expenses from Line 18 above \$ 4,059.33	d. Auto	\$	137.00
(Specify) \$ 0.00  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other Ford F150 Auto Installment b. Other Ford F150 Auto Installment b. Other Ford F150 Auto Installment for support paid to others for support of additional dependents not living at your home for Regular expenses from operation of business, profession, or farm (attach detailed statement) for Support of additional dependents not living at your home for Support of additional dependents not living at your home for Support of additional dependents not living at your home for Support of Support of additional dependents not living at your home for Support of Support of additional dependents not living at your home for Support of	e. Other	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other Ford F150 Auto Installment  14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above  \$ 4,390.82 4,059.33	12. Taxes (not deducted from wages or included in home mortgage payments)		
a. Auto b. Other Ford F150 Auto Installment \$ 350.73 b. Other Ford F150 Auto Installment \$ 242.00  14. Alimony, maintenance, and support paid to others \$ 0.00 15. Payments for support of additional dependents not living at your home \$ 0.00 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ 0.00  17. Other \$ 0.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filling of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above \$ 4,390.82 b. Average monthly expenses from Line 18 above \$ 4,059.33	(Specify)	\$	0.00
b. Other Ford F150 Auto Installment  14. Alimony, maintenance, and support paid to others  15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 4,390.82  \$ 4,390.82	13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 4,390.82  \$ 4,059.33	a. Auto	\$	350.73
15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 4,390.82  4,059.33	b. Other Ford F150 Auto Installment	\$	242.00
15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 4,390.82	14. Alimony, maintenance, and support paid to others	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 4,390.82  4,059.33	15. Payments for support of additional dependents not living at your home	\$	
17. Other \$ 0.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 4,390.82  4,059.33	16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	
if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 4,390.82  4,059.33	17. Other	\$	
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 4,390.82	18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and,	\$	4.059.33
a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 4,390.82 \$ 4,059.33			,
b. Average monthly expenses from Line 18 above \$ 4,059.33	20. STATEMENT OF MONTHLY NET INCOME		
b. Average monthly expenses from Line 18 above \$ 4,059.33	a. Average monthly income from Line 15 of Schedule I	\$	4,390.82
	b. Average monthly expenses from Line 18 above		
	c. Monthly net income (a. minus b.)		

Form 6 - Statistical Summary (12/07)

## United States Bankruptcy Court Northern District of Illinois Western Division

n re	Thomas M. Knight	Charlene M. Knight	Case No.	
		Debtors	-, Chapter	7

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any

	If you are an individual debtor who	ose debts are primarily consumer deb	ts, as defined in § 101(8) o	of the Bankruptcy Code (11	U.S.C.
§ 101(8))	, filing a case under chapter 7, 11	or 13, you must report all information i	equested below.		

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$
Student Loan Obligations (from Schedule F)	\$
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E.	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$
TOTAL	\$ 0.00

#### State the following:

information here.

Average Income (from Schedule I, Line 16)	\$ 4,390.82
Average Expenses (from Schedule J, Line 18)	\$ 4,059.33
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20)	\$ 5,685.04

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# United States Bankruptcy Court Northern District of Illinois Western Division

In re	Thomas M. Knight	Charlene M. Knight	Case No.	
		Debtors	–, Chapter	7

## State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column	\$5,200.31
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	\$
4. Total from Schedule F	\$52,927.94
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$58,128.25

**B6 Cover (Form 6 Cover) (12/07)** 

#### **FORM 6. SCHEDULES**

Summary of Schedules Statistical Summary of Certain Liabilities

Schedule A - Real Property
Schedule B - Personal Property

Schedule C - Property Claimed as Exempt
Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims
Schedule F - Creditors Holding Unsecured Nonpriority Claims
Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

GENERAL INSTRUCTIONS: The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank.

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

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B6 Summary (Official Form 6 - Summary) (12/07)

# United States Bankruptcy Court Northern District of Illinois Western Division

In re Thomas M. Knight	Charlene M. Knight	,	Case No.	
		Debtors	Chapter	7

# **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 152,000.00		
B - Personal Property	YES	3	\$ 14,641.73		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	2		\$ 155,341.62	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	3		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	7		\$ 52,927.94	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	2			\$ 4,390.82
J - Current Expenditures of Individual Debtor(s)	YES	1			\$ 4,059.33
TOTAL		22	\$ 166,641.73	\$ 208,269.56	

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B6 Declaration (Official Form 6 - Declaration) (12/07)

In re	e Thomas M. Knight Charlene M. Knight		Case No.	
		Debtors		(If known)

# **DECLARATION CONCERNING DEBTOR'S SCHEDULES**

#### **DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

- 1	declare under penalty of perjury that I h	ve read the foregoing summary and schedules, consisting of
sheets	, and that they are true and correct to the	e best of my knowledge, information, and belief.
Date:	10/28/2009	Signature: s/ Thomas M. Knight
		Thomas M. Knight
		Debtor
Date:	10/28/2009	Signature: s/ Charlene M. Knight
		Charlene M. Knight
		(Joint Debtor, if any)
		[If joint case, both spouses must sign]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)

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B7 (Official Form 7) (12/07)

# UNITED STATES BANKRUPTCY COURT Northern District of Illinois Western Division

			Western L	Division	
In re:	Thomas M. Knight	Charlene M. Knight		Case No.	
		-	Debtors ,		(If known)

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
42,224.42	Husband's Wages H S. Crocker Company, Inc. 12100 Smith Drive Capron, IL 60142	2007
23,338.77	Wife's Wages Plaspros, Inc. 1143 Ridgeview Drive McHenry, IL 60050	2007
34,644.97	Husband's Wages	2008

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2

H S. Crocker Company, Inc.

12100 Smith Drive Capron, IL 60142

23,775.88 Wife's Wages 2008

Plaspros, Inc.

1143 Ridgeview Drive McHenry, IL 60050

12,529.05 Wife's Wages 2009 YTD

Plaspros, Inc.

1143 Ridgeview Drive McHenry, IL 60050

32,699.12 Husband's Wages 2009 YTD

H S. Crocker Company, Inc.

12100 Smith Drive Capron, IL 60142

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE FISCAL YEAR PERIOD

2,637.89Husband's Life Insurance Distribution20083,577.00Husband's Unemployment Compensation2008

#### 3. Payments to creditors

#### Complete a. or b., as appropriate, and c.

None

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Numark Credit Union PO Box 2729 Joliet, IL 60434-2729	10/2009 9/2009 8/2009	1,052.19	2,834.00
US Bank Home Mortgage PO Box 20005 Owensboro, KY 42304-0005	8/14/09	1,384.60	138,905.58
Wells Fargo Auto Finance PO Box 29704 Phoenix, AZ 85038-9704	10/2009 9/2009 8/2009	726.00	8,576.29

None  $\mathbf{\Lambda}$ 

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF PAYMENTS/ **TRANSFERS**  **AMOUNT** PAID OR VALUE OF **TRANSFERS**  **AMOUNT** STILL **OWING** 

3

None  $\mathbf{\Delta}$ 

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF **PAYMENT**  **AMOUNT** PAID

**AMOUNT** STILL OWING

## 4. Suits and administrative proceedings, executions, garnishments and attachments

None Ø

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**CAPTION OF SUIT** AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATIO

STATUS OR DISPOSITION

None M

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DESCRIPTION OF PERSON FOR WHOSE DATE OF AND VALUE OF BENEFIT PROPERTY WAS SEIZED **SEIZURE PROPERTY** 

#### 5. Repossessions, foreclosures and returns

None  $\mathbf{\Delta}$ 

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE. TRANSFER OR RETURN

DESCRIPTION AND VALUE OF **PROPERTY** 

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#### 6. Assignments and receiverships

None  $\square$ 

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

TERMS OF

4

\$86.66/month

NAME AND ADDRESS DATE OF **ASSIGNMENT** OF ASSIGNEE **ASSIGNMENT** OR SETTLEMENT

None V

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DESCRIPTION NAME AND ADDRESS OF COURT DATE OF AND VALUE OF OF CUSTODIAN CASE TITLE & NUMBER **ORDER PROPERTY** 

#### 7. Gifts

None 

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS **DESCRIPTION** RELATIONSHIP OF PERSON TO DEBTOR. DATE AND VALUE OF

OR ORGANIZATION IF ANY OF GIFT **GIFT** 

**Capron Luthern Church** 155 South Second Street Capron, IL 61012

#### 8. Losses

None List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement 

of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION DESCRIPTION OF CIRCUMSTANCES AND, IF

AND VALUE OF LOSS WAS COVERED IN WHOLE OR IN PART DATE OF **PROPERTY** BY INSURANCE, GIVE PARTICULARS LOSS

2004 Chevrolet Impala (105,000 miles) 05/01/2009 Vehicle Damage

\$3,350,00 **Covered and Repaired**  Document Page 39 of 46

5

#### 9. Payments related to debt counseling or bankruptcy

None 

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS DATE OF PAYMENT, AMOUNT OF MONEY OR OF PAYEE NAME OF PAYOR IF DESCRIPTION AND VALUE

10/1/09

OTHER THAN DEBTOR OF PROPERTY

**Consumer Credit Counseling** Services of McHenry County, Inc.

**400 Russel Court** Woodstock, IL 60098

**Debt Remedy Advisors** \$362.00/month 7/2008 725 North A1A, Ste. C119 **Debt Consolidation** 

Jupiter, FL 33458

Law Offices of Henry Repay 10/22/09 \$725.00 930 W. Locust Street 9/30/09 \$250.00 Belvidere, IL 61008

\$1275.00 Filing Fee and Attorney Fees

\$50.00 Prefiling Credit Counseling

#### 10. Other transfers

None  $\mathbf{\Lambda}$ 

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

10/9/09 \$300.00

DESCRIBE PROPERTY NAME AND ADDRESS OF TRANSFEREE. **TRANSFERRED** AND VALUE RECEIVED

RELATIONSHIP TO DEBTOR DATE

None V

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DATE(S) OF AMOUNT OF MONEY OR DESCRIPTION **DEVICE** TRANSFER(S) AND VALUE OF PROPERTY OR DEBTOR

INTEREST IN PROPERTY

#### 11. Closed financial accounts

None  $\mathbf{\Delta}$ 

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

TYPE OF ACCOUNT, LAST FOUR **AMOUNT AND** NAME AND ADDRESS DIGITS OF ACCOUNT NUMBER, DATE OF SALE AND AMOUNT OF FINAL BALANCE OF INSTITUTION **OR CLOSING** 

# Document

#### 12. Safe deposit boxes

None V

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS	NAMES AND ADDRESSES	DESCRIPTION	DATE OF TRANSFER
OF BANK OR	OF THOSE WITH ACCESS	OF	OR SURRENDER,
OTHER DEPOSITORY	TO BOX OR DEPOSITOR	CONTENTS	IF ANY

#### 13. Setoffs

None Ø

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	DATE OF	AMOUNT OF
NAME AND ADDRESS OF CREDITOR	SETOFF	SETOFF

#### 14. Property held for another person

List all property owned by another person that the debtor holds or controls. None

> NAME AND ADDRESS **DESCRIPTION AND VALUE**

OF OWNER OF PROPERTY LOCATION OF PROPERTY

#### 15. Prior address of debtor

None  $\mathbf{\Lambda}$ 

Ø

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** DATES OF OCCUPANCY NAME USED

#### 16. Spouses and Former Spouses

None  $\square$ 

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor 's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

6

7

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None  $\mathbf{Z}$ 

List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

SITE NAME AND **ADDRESS** 

NAME AND ADDRESS OF GOVERNMENTAL UNIT DATE OF

**ENVIRONMENTAL** 

NOTICE LAW

None  $\mathbf{\Lambda}$ 

List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND **ADDRESS** 

NAME AND ADDRESS OF GOVERNMENTAL UNIT DATE OF

**ENVIRONMENTAL** 

NOTICE LAW

None  $\mathbf{V}$ 

List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT **DOCKET NUMBER** 

STATUS OR DISPOSITION

# 18. Nature, location and name of business

None  $\square$ 

a. If the debtor is an individual, list the names, addresses, taxpaver identification numbers, nature of the businesses. and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or

equity securities within the six years immediately preceding the commencement of this case. LAST FOUR DIGITS

OF SOCIAL SECURITY ADDRESS OR OTHER INDIVIDUAL

TAXPAYER-I.D. NO.

NATURE OF **BEGINNING AND ENDING** BUSINESS

DATES

8

(ITIN)/ COMPLETE EIN

None  $\square$ 

NAME

Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME **ADDRESS** 

[if completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Signature Date 10/28/2009 s/ Thomas M. Knight of Debtor Thomas M. Knight

Date 10/28/2009 Signature s/ Charlene M. Knight of Joint Debtor Charlene M. Knight

(if any)

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B 8 (Official Form 8) (12/08)

## UNITED STATES BANKRUPTCY COURT Northern District of Illinois Western Division

In re	Thomas M. Knight Charlene M. Knight	Case No.	
	Debtors	Chapter 7	

# **CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** – Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: Fidelity Investments	Describe Property Securing Debt: 401(k) Plaspros, Inc. Profit Sharing/401(K) Plan Fidelity Investments
Property will be <i>(check one)</i> :  ☐ Surrendered	
If retaining the property, I intend to (check at least one):  Redeem the property  Reaffirm the debt  Other. Explain	_ (for example, avoid lien using 11 U.S.C. § 522(f))
Property is <i>(check one)</i> :  Claimed as exempt	✓ Not claimed as exempt
Property No. 2	
Creditor's Name: Numark Credit Union	Describe Property Securing Debt: 2004 Chevrolet Impala (105,000 miles)
Property will be <i>(check one)</i> :  ☐ Surrendered	
If retaining the property, I intend to <i>(check at least one)</i> :  ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain	(for example, avoid lien using 11 U.S.C. § 522(f))
Property is <i>(check one)</i> :	☑ Not claimed as exempt

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Property No. 3			
Creditor's Name:		Describe Property	Securing Debt:
US Bank Home Mortgage		125 Rainbow Drive Capron, IL 61012	
Property will be <i>(check one)</i> :  Surrendered	✓ Retained		
If retaining the property, I intend to (c ☐ Redeem the property ☑ Reaffirm the debt	check at least one):		
Other. Explain		(for example, avoid	lien using 11 U.S.C. § 522(f))
Property is <i>(check one)</i> :		□ Not alaimed as av	om at
☐ Claimed as exempt		✓ Not claimed as ex	empi
Property No. 4			
Creditor's Name:		Describe Property Securing Debt:	
Wells Fargo Auto Finance		2003 Ford F150 (10	8,000 miles)
Property will be (check one):			
_	☑ Retained		
If retaining the property, I intend to (c	check at least one):		
Reaffirm the debt			
Other. Explain		(for example, avoid	lien using 11 U.S.C. § 522(f))
Property is <i>(check one)</i> :  Claimed as exempt		✓ Not claimed as exc	emnt
Glaimed as exempt		1 Not Glaimed as ex	СПР
PART B – Personal property subject to each unexpired lease. Attach additional			art B must be completed for
Property No. 1	ĺ		
	Barati I	18	Languagu Ing Anggara Languag
Lessor's Name: None	Describe Lease	d Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ YES ☐ NO

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continuation sheets attached (if any	y)
I declare under penalty of perjury that the securing a debt and/or personal property	e above indicates my intention as to any property of my estate y subject to an unexpired lease.
Date: 10/28/2009	s/ Thomas M. Knight Thomas M. Knight Signature of Debtor
	s/ Charlene M. Knight Charlene M. Knight Signature of Joint Debtor (if any)

B 203 (12/94)

## UNITED STATES BANKRUPTCY COURT Northern District of Illinois Western Division

			Western Division		
In re:	Thomas M. Knight		Charlene M. Knight	Case No.	
		Debtors		Chapter 7	
	DISCLOS	SURE C	FOR DEBTOR	OF ATTORNEY	
and paid	rsuant to 11 U.S.C. § 329(a) and Bank If that compensation paid to me within o If to me, for services rendered or to be rennection with the bankruptcy case is as	ne year befor endered on b	re the filing of the petition in bankrupto	cy, or agreed to be	
	For legal services, I have agreed to ac	cept		\$	976.00
	Prior to the filing of this statement I ha	ve received		\$	976.00
	Balance Due			\$	0.00
2. The	e source of compensation paid to me w	as:			
	✓ Debtor		Other (specify)		
3. The	e source of compensation to be paid to	me is:			
	□ Debtor		Other (specify)		
4. ₹	I have not agreed to share the about of my law firm.	e-disclosed (	compensation with any other person u	inless they are members and associates	
	_	ent, together	pensation with a person or persons when with a list of the names of the people sender legal service for all aspects of the	sharing in the compensation, is	
a)	Analysis of the debtor's financial sit a petition in bankruptcy;	uation, and re	endering advice to the debtor in deterr	mining whether to file	
b)	Preparation and filing of any petition	n, schedules,	statement of affairs, and plan which r	may be required;	
c)	Representation of the debtor at the	meeting of ci	reditors and confirmation hearing, and	any adjourned hearings thereof;	
d)	[Other provisions as needed]				
6. By	agreement with the debtor(s) the above	e disclosed fe	ee does not include the following servi	ces:	
	None				
			CERTIFICATION		
	certify that the foregoing is a complete sesentation of the debtor(s) in this bankro			ment to me for	
Date	d: <b>10/28/2009</b>				
			/s/ Henry Repay		

Henry Repay, Bar No. 06199079

**Law Offices of Henry Repay** 

Attorney for Debtor(s)